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National policy on physical activity: the development of a policy audit tool (PAT)

Bull, Fiona C ; Milton, Karen ; Kahlmeier, Sonja

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Authors: Fiona C. Bull, Karen Milton, and Sonja Kahlmeier

Affiliations: Bull is with the School of Population Health, The University of Western Australia, Crawley, WA, Australia. Milton is with the School of Sport, Exercise and Health, Loughborough University, Loughborough, Leicestershire, United Kingdom. Kahlmeier is with the Physical Activity and Health Unit, Institute for Social and Preventive Medicine of the University of Zürich, Zürich, Switzerland.

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Abstract

Background: Physical inactivity is a leading risk factor for non-communicable disease worldwide. Increasing physical activity requires large scale actions and relevant, supportive national policy across multiple sectors.

Methods: The policy audit tool (PAT) was developed to provide a standardized instrument to assess national policy approaches to physical activity. A draft tool, based on earlier work, was developed and pilot-tested in seven countries.

Results: After several rounds of revisions, the final PAT comprises 27 items and collects information on: 1) government structure; 2) development and content of identified key policies across multiple sectors; 3) the experience of policy implementation at both the national and local level; and 4) a summary of the PAT completion process.

Conclusions: PAT provides a standardized instrument for assessing progress of national policy on physical activity. Engaging a diverse international group of countries in the development helped ensure PAT has applicability across a wide range of countries and contexts. Experiences from the development of the PAT suggests that undertaking an audit of HEPA policy can stimulate greater awareness of current policy opportunities and gaps, promote critical debate across sectors, and provide a catalyst for collaboration on policy level actions. The final tool is available at www.euro.who.int/hepatpat.

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Background

Physical inactivity is an independent risk factor for non-communicable diseases¹ and is estimated to cause 3.2 million deaths globally per year.² In 2009, physical inactivity was identified as the 4th leading risk factor for premature mortality.^{2, 3} More recently, it has been estimated that approximately 70% of the world's population fail to undertake the recommended amount of physical activity to gain health benefits.³ However, there are significant differences between countries and regions; for instance within Europe, rates of sufficient levels of physical activity amongst adults range from as low as 57.0% in Belgium to 90.1% in the Czech Republic.⁴ In other regions, low and very low levels of activity are found, for example in South America, the Pacific Islands and some countries in the Middle East, just 30 - 50% of adults are sufficiently active.^{3, 5}

The factors that support and hinder efforts to increase levels of physical activity at the population level are complex and interconnected across multiple levels of influence.^{6, 7} Also in view of the magnitude of the problem, single solutions or behaviour change programs focussed solely at the individual level are unlikely to have sufficient impact. Increasing physical activity in adults and young people requires large scale, culturally adapted actions across multiple sectors.^{8, 9} An important platform for developing, coordinating and delivering such an approach is a national policy.^{7, 10, 11} It will give support, coherence and visibility at the political level, and at the same time make it possible for the institutions involved, such as national government sectors, regions or local authorities, stakeholders and the private sector, to be coherent and consistent by following common objectives and strategies as well as to assign roles and responsibilities.

At the global level, the World Health Organization's (WHO) Global Strategy on Diet, Physical Activity and Health (DPAS), launched in 2004, provided the catalyst for action and encouraged the development of national and sub national level policies and action plans aimed at supporting physical activity.⁷ In 2008, this was reinforced in the WHO Global Strategy for Non-Communicable Disease (NCD) Prevention.¹² These policy frameworks

supported a growing interest in many countries and since their launch there has been considerable progress in the development of national policy documents that support population wide approaches to physical activity promotion.^{11, 13, 14}

Relevant policy actions are required not only within the health sector but across other sectors including education, transport, sport and the environment.¹³ The development of national policy in countries presents an opportunity for sharing experiences and learning from each other; both about policy content and the policy development process. However, to date, few articles on physical activity policy analysis have been published.^{11, 13-15} These analyses have been limited to either an analysis of the information published within the identified policy documents, or focused on providing a more comprehensive assessment of just one or sometimes a few countries only. Furthermore, there is currently no standardized instrument to capture the relevant policy information in a standardized way or to collate more in-depth data. This paper reports on the development and pilot testing of a health-enhancing physical activity (HEPA) policy audit tool (PAT)¹⁶ which was designed to collect comprehensive information on national policy level approaches to physical activity promotion in a standardized way.

Methods

This project was undertaken within the framework of the European Network for the Promotion of Health Enhancing Physical Activity (HEPA Europe) as a collaborative project involving seven volunteer institutions from seven different countries.

The development process commenced with a literature search in fall 2009 to identify and review previous published work on cross country comparisons on physical activity policy. This identified six relevant studies and guidelines published until fall 2009.^{11, 13, 14, 17-19} These were critically assessed with a specific focus on identifying the criteria recommended for good practice when developing policies and/or the criteria used to appraise and compare policies between countries. After conducting our analysis, and with cross reference against the WHO DPAS document,⁷ we identified a set of 18 elements to include in the PAT (Table

1). A first draft PAT was then developed, structured in a ‘question and answer’ format to collect information related to these 18 policy elements. Questions were divided into two sections: 1) policy development and content; and 2) policy implementation.

Section 1 aimed to capture relevant policy documents and their respective action plans (where available) from across all relevant sectors, including health, sport, transport, education and the environment, as well as any other sector which could be nominated by the respondents. Items in Section 2 sought information on policy leadership (national and local), the level of collaboration and community involvement, as well as examples of both successful and less successful actions. This breadth of information was meant to inform readers on both the development process and key learning related to policy implementation.

The pilot study commenced in November 2009 and invitations to participate in a cross country ‘policy’ project were sent to national experts from the HEPA Europe working group on national approaches to promoting physical activity. Experts from seven countries elected to take part (Finland, Italy, the Netherlands, Norway, Portugal, Slovenia and Switzerland). This set represents a group of countries with varying history in the promotion of physical activity and at different stages of policy development and implementation. In each country there was a main contact person who was willing to lead the policy audit work. Case study coordinators were an academic (n=2; Portugal and Switzerland); national or sub-national government official (n=3; Italy, Norway and Slovenia) or representative of a relevant national institute (n=2; Finland and the Netherlands).

All case study coordinators were advised to source and use all available and relevant policy documents from across multiple sectors to capture the current status of physical activity policy (in terms of both positive policy ‘supports’ and negative policy ‘barriers’) in their respective countries. The lead representatives were advised to complete the PAT in collaboration with other colleagues within their country who may have appropriate historical and current knowledge and expertise. This would serve to provide wider input as well as support and assistance.

A first draft of the PAT for each of the seven countries was completed between January and April 2010. In April 2010, a project meeting was held to share experiences of the PAT completion process. Specifically, this meeting aimed to identify barriers and facilitators to the process and to address any ambiguity or other problems with the PAT itself. The findings were used to modify and improve the tool. The case study coordinators continued the PAT completion process using the revised tool before attending a second project meeting in November 2010. During this meeting further feedback was provided and additional revisions were made to the audit tool. Between December 2010 and May 2011, the coordinators completed their case studies using a near-final version of the PAT. These development steps are shown in Figure 1.

Throughout the data collection period, project coordination and, where needed, technical assistance, was provided by the core project team (FB, KM and SK) through regular phone conferences and email communication. Individually tailored feedback was provided on each case study with the aim of improving clarity and breadth of the information provided. Once all seven PAT case studies were completed, they were reviewed by the core project team to ensure each question had been adequately completed in a similar way by all countries. This review process highlighted some additional improvements to the tool. The final PAT was completed in September 2011. All case study coordinators agreed to the structure and content of the final tool. The project timelines are summarised in Figure 1.

Results

The results below provide a summary of key issues identified during the development and completion of the PAT involving the seven participating countries. During the PAT development process several common concerns emerged and resulted in a set of suggested changes to the audit tool. These issues fell into three areas: 1) concerns with the tool itself; 2) methods used to complete the PAT; and 3) the timelines provided for completion. These specific issues and the recommended modifications made to the final PAT are reported below.

Firstly, the pilot work with the PAT identified several concerns relating to the tool itself. During the development process and workshops, each question was reviewed for comprehension and applicability across the seven countries. Also, the information provided by each country was examined to explore whether the questions had elicited the desired breadth and depth of information to determine whether any questions should be added, modified or removed. Although overall the PAT items had been completed quite well, there were notable differences between countries in the breadth of information and the level of detail provided. This might be due to the different stages of policy development within each of the participating countries, but may also be explained by the varying occupations and levels of knowledge and expertise of the case study coordinators as well as the different levels of resources (time and staff) available to search for the information required and input the responses.

All seven case study coordinators reported that the majority of questions were straight-forward to complete, but the discussions identified some specific terms which required greater explanation to ensure they were interpreted in the same way by each user. For example, the term ‘*action plan*’ was used to refer to any documents that outlined a set of specific actions with clear timelines, roles and responsibilities; these documents might stand alone or may be directly linked to a policy or strategy. Documents which did not contain this level of detail were treated as policy documents. However, it was not always easy to decide whether the document should be classified as a ‘policy’ or an ‘action plan’ and quite frequently the title of documents did not help nor necessarily reflect the content. This problem led to a degree of overlap in responses to several PAT items and some confusion for the responder in trying to complete questions specifically concerning either ‘policy documents’ or ‘action plans’. Consequently, a more detailed description of what should be viewed as a policy and what constitutes an action plan were added to the introductory text on these questions.

One important omission identified by the seven countries was the absence of a question capturing information on the administrative and political structure within a country. It was therefore suggested to add such a question as this information would provide the reader with a basic understanding of the relationships between different levels of government and their jurisdiction and identify the key ministries responsible for HEPA-related policy across different sectors. Given that ministries have a wide variety of names, are combined in different ways (and even these vary over time and change in political leadership) and have different responsibilities (e.g. in federal vs. more centralized governments), a simple ‘check list’ approach was not a suitable format for this new question. Instead, it was agreed that a brief narrative should be requested and that this item would best fit in a new additional section at the beginning of the PAT instrument.

Another identified problem concerned a PAT question that required a summary of the main policy documents of relevance to HEPA in the country. In the early drafts, the item did not explicitly ask for past policy documents to be included, even though some may have been important to the current policy agenda. In addition, the item did not ask for details on the links between different policy documents, nor were relevant legislations (such as laws or decrees) sought which might set an important context within a country. For example, the ‘right to roam’ act in Switzerland was adopted as early as 1907, ensuring the general public’s right to access certain public or privately owned land for recreation and exercise.²⁰ As no guidance was provided on the breadth, historical aspects nor the format for these responses, there was considerable variation in the amount of detail provided and in the way it was presented. For example, some case study coordinators gave a list of policy documents grouped by relevant government sector, providing a sense of what was available in each area; others chose to structure the policy documents chronologically, giving the reader a sense of policy development over time. Both methods are useful but the variability made reading across and comparisons between countries more difficult. It was agreed that the revised question should clarify that the data should be presented grouped by government

sector, and provide more guidance as to the types of policies and the key details to report, including the specification that relevant legislation should be considered.

Questions in Section 2 of the PAT aimed to capture details of the implementation process of national policy and the participating countries reported several challenges in completing these items. Although some of the countries have a centralised structure and strong links to the delivery of physical activity actions at the local level (e.g. Norway, Portugal), in other countries the political structure fosters greater independence allowing much more control and variability in the delivery of physical activity interventions at a local level (e.g. Switzerland). For the latter countries in particular, it was reported that the level of detail requested by some questions was too in-depth and that the items should, instead, request only a summary of information. For example, one question asked for the types of actions taking place at a local level and this was considered an impossible task to report due to the length of the answer required. Therefore, asking for just an overview of the key agencies involved and a summary of the types of programs at a local level, or even just a few examples, was deemed more appropriate and practical. Balancing the practical constraints of collecting necessary data to complete the PAT was a common issue in the consultation workshops and resulted in several questions being removed from draft two and a revision of the remaining questions to elicit a more general overview about policy implementation.

The pilot study identified some recommendations regarding the process for completion and the time periods given. In the initial project time line, coordinators were given three months to complete the PAT. The experiences from across the seven countries highlighted that this grossly underestimated the actual time required. Although six months provided most countries with sufficient time to complete a first draft, in all countries identifying and engaging relevant stakeholders proved to be a time consuming first challenge. The original timeline did not allow adequate time to establish collaborations nor the opportunity to receive input and feedback on a first completed draft of the PAT. These

experiences from this set of seven countries suggests a further six months is required to produce an advanced draft with input from experts across a range of sectors. It was also noted that for the wider consultation, even more time was required and that using an iterative approach with multiple drafts progressing towards a final PAT was preferable.

Although broad timelines were proposed at the outset, this project was not prescriptive about the protocols and methods to use in completing the PAT. Instead, each case study coordinator was encouraged to adopt whatever approach they felt would be most effective in their country. Early discussions between countries identified substantial differences in the approaches and, importantly, variation in the level of success each coordinator had in engaging the appropriate stakeholders and obtaining relevant information. It was notable that greater success was experienced by coordinators who invited comments on an initial draft of the completed PAT, rather than simply contacting and asking stakeholders to contribute data (i.e. information) to the process without an attempt at partially completing the PAT tool first. As a result of these experiences, it was recommended that more clear protocols should be developed to assist those intending to use the PAT, and also provide suggestions on alternate ways to engage relevant stakeholders. In response to these suggestions, and the need to provide more information to the reader on the approach taken to completing the PAT, a new final section called “methods” was added to the PAT instrument. The item requests details on the steps taken and a list of the relevant groups, agencies or individual stakeholders involved in the PAT process. Provision of such information would enable other PAT users to learn from one another about different approaches to undertaking a national policy audit and would provide greater transparency of the completion process for those interested both from within and outside of the country.

Another challenge encountered in the pursuit of a collaborative, comprehensive and objective policy audit was that some stakeholders were keen to highlight successes, but were not forthcoming, and in some cases even resistant, to providing information on less successful elements. This led to tension between having an objective and well balanced

case study or producing a case study that would show a country in its ‘best light’. It was deemed essential for the case study coordinators to emphasise to all stakeholders that the process was primarily research driven and in most cases was not aimed at developing an official government approved document. This helped to alleviate concerns and facilitated a more honest and impartial account of the successful and less successful experiences within each country. This experience should inform the selection of a coordinator for the completion of PAT, and ensure that they have the necessary status and institutional support to resist pressure from different institutions to report a preferential account of events. It also suggests that stakeholders would benefit from a more detailed introduction to the PAT to better understand the process and intended outputs.

The final structure of the PAT comprises 27 items grouped across four sections, namely: 1) government structure and key documents; 2) policy contents; 3) implementation; and 4) summary of methods and protocols. The majority of questions require open ended responses. Completion of the final PAT was estimated to require approximately two to three person months; however a total of six to eight months may be needed for the whole process including consultation with the contributing stakeholders. The process should be led by a suitable lead agency and involve collaboration with key agencies and stakeholders across relevant sectors.

Discussion

This project aimed to develop a HEPA policy audit tool (PAT) to provide a standardized instrument for capturing the current policy context on population based approaches to increasing levels of physical activity. Coordinators from seven countries volunteered to develop and test the new instrument over a two-year period. The pilot work undertaken by this diverse group of countries was extremely useful and helped revise the PAT to improve usability and ensure applicability across a range of countries and contexts.

The final PAT represents a comprehensive audit tool, relevant and applicable for use in a wide variety of countries. It was developed based on a small number of previous studies

and the key policy guidance currently available.^{11, 13, 14, 17-19} The PAT can be used to structure the systematic collation of information on the breadth of HEPA related policies and their implementation within a country. While the tool does not rate or assess the success of the national policies, the process of auditing HEPA policy on a national scale has rarely been done and the process itself can be a positive outcome. For example, in this study, most countries (with the exception of Finland) reported that this was the first time that this breadth of information had been collated and that the process of engaging other groups had built new awareness of work and potential opportunities for collaboration. Although the cross country comparison is still underway, individual countries have already identified, from their own assessment, potential gaps in their national policy and the opportunities these present for future action. Discrepancies were also noted within countries as conflicts between policies from different sectors were, for the first time, aligned and compared. Another key finding from the completion of PAT included the opportunity to assess, within a country, the consistency between key policy frameworks, action plans, population level surveillance systems, physical activity goals and implementation. As might be expected, the level of consistency was rarely very high and the revealed inconsistencies present both opportunities for further action and advocacy but also potential barriers to overcome.

Conclusions

The final HEPA PAT provides a standardized method for conducting an audit of HEPA related national policy and is available at www.euro.who.int/hepapat. Several additional countries are already working on it or have shown interest, both within the EU and in other regions. While the primary objective in developing the tool was to produce an instrument that could facilitate the collection of information promoting physical activity to support international comparisons, the application of the PAT can also be used to stimulate critical debate, greater awareness, a broader dialogue among relevant actors and a higher sense of ownership within countries at the national and local level. The process of bringing together different government departments and organisations involved in HEPA policy or

programs to work together on a joint project, such as the completion of the PAT, can also provide a catalyst for improved collaboration on future policy development and implementation. The potential to develop a tool which allows an actual assessment or rating of the progress and success of national HEPA related policies could be a next step in this area of research.

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Table 1. Previously identified criteria for successful policy and criteria defined for the HEPA PAT

Bull et al. 2004 Policy content analysis¹¹	WHO¹ Guide to implementation 2007¹⁷	WHO¹ Steps to health 2007¹⁸	Daugbjerg et al. 2009 Policy content analysis¹³	Bellew et al. 2008 Policy content analysis¹⁴	Shilton 2010 Policy content analysis¹⁶	Criteria used in the HEPA PAT²
Consultation with key stakeholders		Collaborative approach		Highly consultative in development		Consultative approach in development
		Evidence-based, effective actions		Evidence informed		Evidence based
National guidelines/recommendations on physical activity	National physical activity guidelines	National guidelines		Defined national guidelines for physical activity	Physical activity guidelines	National recommendations on physical activity levels
	Identification of national goals and objectives	Clear and measurable goals and indicators SMART ³ objectives	Goals or targets specified for certain population groups and time periods			National goals and targets
Time frame of the policy commitment and implementation of the action plan		Framework for action/ National action plan	Implementation plan Clear timeframe specified for the implementation of the plan			Implementation plan with a specified timeframe
Multiple strategies targeting different population groups	Multiple interventions strategies Cultural sensitivity Target the whole population as well as specific population groups	Comprehensive, integrated, intersectoral approach Environmental, social and population strategies in order to support individual strategies Sensitivity to cultural differences Tools and resources	Clearly identified population groups targeted		Health system reorientation to support prevention and health promotion Well mobilized, strategic and professional advocacy	Multiple strategies

¹ World Health Organization

² Health Enhancing Physical Activity Policy Audit Tool

³ Specific, Measurable, Attainable, Realistic, Timely

Bull et al. 2004 Policy content analysis ¹¹	WHO ¹ Guide to implementation 2007 ¹⁷	WHO ¹ Steps to health 2007 ¹⁸	Daugbjerg et al. 2009 Policy content analysis ¹³	Bellew et al. 2008 Policy content analysis ¹⁴	Shilton 2010 Policy content analysis ¹⁶	Criteria used in the HEPA PAT ²
Working at different levels	A coordinating team Support from stakeholders Leadership and workforce development Implementation at different levels within “local reality”	Division of responsibilities Supportive national leadership Complementary and collaborative approaches Actions at individual, institutional, community, environment and policy levels Collaborate and build capacity at regional and local levels	Involvement of national government, sub-national authorities, municipalities	Roles clarified and performance delineated	Cross-government ways of working Buy-in, investment from other sectors Professional mobilization Workforce development	Leadership and coordination
		Building networks and alliances				Networks
Working through coalitions, alliances, partnerships		Partnership building	Involvement of NGOs, private sector, media, associations, educational institutions, employers etc.	Active through multi-strategic, multi-level partnerships		Partnerships
Stable base of support	High-level political commitment	Political support Sustainable, long-term strategy		Political support	Endorsed and supported at the highest level politically Central agency support Buy-in, reorientation from other systems, long-term commitment	Political commitment
Sustainable resources	Funding	Sufficiently resourced Financial resources	Specified budget allocated	Resourced adequately - long-term investment	Innovative and sustained funding models Well resourced, fiscal mechanisms to ensure adequate and sustained funding	On-going funding

Bull et al. 2004 Policy content analysis ¹¹	WHO¹ Guide to implementation 2007 ¹⁷	WHO¹ Steps to health 2007 ¹⁸	Daugbjerg et al. 2009 Policy content analysis ¹³	Bellew et al. 2008 Policy content analysis ¹⁴	Shilton 2010 Policy content analysis ¹⁶	Criteria used in the HEPA PAT²
Surveillance or health monitoring systems		Standardized surveillance protocols	Surveillance / monitoring system		Regular monitoring	Surveillance or health monitoring systems
Evaluation of the policy and action plan implementation	Monitoring and evaluation	Evaluation of goals and indicators Output, process and outcome indicators	Evaluation of the implementation and results	Evidence generating Independently evaluated	Commitment to monitoring and evaluation Research and evaluation of effectiveness	Evaluation
	Dissemination of the national action plan and the associated programs	Mobilizing at local level				Links between policy and practice
Identity	Clear program and plan identity				A 'brand'	Identity
		High-profile communication plan		Widely communicated	Integrated, sustained and strategic social marketing	Communication Strategy
Integration of physical activity policy within other related agendas	Integration of physical activity within other related sectors	Integrated, multidisciplinary approach Integrated into national health policy Vertical and horizontal integration	Involvement of different sectors	Developed in stand-alone and synergistic policy modes	Cross-sector collaboration and joined up planning	Integration across other sectors and policies

Figure 1. Project timeline

